



STUDENT NAME

ID NUMBER

You may use this form to request a review of your aid eligibility because of extenuating circumstances. Changes resulting from this review do not guarantee an increase in aid. Please allow up to 5 business days for processing after all the required documentation has been received. *Your request will not be considered without supporting documentation attached and required signatures.*

2025 Transportation Budget Increase (Academic Year)

If you commute more than 200 miles per week to and from campus (or internships/school related activities)

Please provide the following documentation:

- A letter detailing your daily commute to campus
- Mileage report (Google Maps/MapQuest)

2025 Unusual MEDICAL and/or DENTAL EXPENSES (Academic Year)

(All bills paid by student/spouse that are not covered by insurance during the current academic year)

Please provide the following documentation:

- An itemized list of expenses claimed
- Copies of receipts for expenses from Hospitals/Clinics/Doctor's Office
- Letter of explanation detailing your paid expenses.

☐ **CHILD CARE SUPPORT (Academic Year)**

Child care/day care expenses for dependent children (expenses will be shared by both parents)

Please provide the following documentation:

- Name, age, relationship of relative(s) and month the support began/expected date support will end.
- For child care, proof of payment (day care contract or cancelled checks)

☐ **COMPUTER (ONE TIME INCREASE)**

- The maximum COA increase for the purchase of a computer is \$2,500, which may include the cost of a printer and other peripheral devices. However, it includes only the cost of one computer.
- PLEASE ATTACH: a copy of the paid receipt to verify your computer expense. The documentation submitted must demonstrate that the computer expense was paid by you during the 2025/2026 academic year.

☐ **TRAVEL COURSE FEE**

- Are you receiving a reimbursement for any of these fees? Yes ☐ No ☐
 - If yes, how much? _____

☐ **OTHER**

- Please provide all supporting documentation and letter explaining your special circumstance.

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE READ EACH SECTION AND HAVE PROVIDED THE REQUIRED DOCUMENTATION.

STUDENT SIGNATURE

DATE

STUDENT NAME (PLEASE PRINT)

STUDENT PHONE